

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: _____		2 Serial/Patent # _____										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input checked="" type="checkbox"/>	Filing			\$ 100.00								
<input type="checkbox"/>	Amendment			\$								
<input type="checkbox"/>	Extension of Time			\$								
<input type="checkbox"/>	Notice of Appeal/Appeal			\$								
<input type="checkbox"/>	Petition			\$								
<input type="checkbox"/>	Issue			\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/>	Maintenance			\$								
<input type="checkbox"/>	Assignment			\$								
<input type="checkbox"/>	Other Done			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 100.00							
10 REASON:		8 TO BE REFUNDED BY:										
<input checked="" type="checkbox"/>	Overpayment	Treasury Check										
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:										
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">4</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> </tr> </table>				0	2	--	4	3	0	0
0	2	--	4	3	0	0						
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Darrell Cottman</u>			TITLE: <u>Paralegal</u>									
SIGNATURE: <u><i>Darrell Cottman</i></u>			PHONE: <u>703-308-9140 x207</u>									
OFFICE: _____												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____			DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: